

## Kansas Substance Abuse Treatment Provider Credentialing Requirement Frequently Asked Questions – Part II

### **RECAP**

What is the Kansas Substance Abuse Treatment Provider Credentialing Requirement?

For Providers new to the Kansas network, the credentialing requirement is as follows:

**Beginning April 15, 2010, NEW ValueOptions Kansas providers must offer evidence that any diagnosis is made by an independently licensed behavioral health professional.**

For current Kansas Substance Abuse Providers, the credentialing requirement is as follows:

**Pursuant to State and ValueOptions requirements, beginning one year from the facility's recredentialing date, all existing ValueOptions®' Kansas providers must offer evidence that any diagnosis is made by an independently licensed behavioral health professional. Providers who are not able to offer this evidence by the one year anniversary of their credentialing date may request an individual waiver from the ValueOptions National Credentialing Committee based on special circumstances. There is no guarantee that individual waivers will be granted.**

### **New FAQs from June 30, 2010 forward**

- 1) Does the Clinical credential need to SIGN OFF on the LMSW, etc?

Not if the LMSW is working “under the direction of” the Clinical credential pursuant to BSRB definition, as follows:

(cc)(1) “Under the direction” means the formal relationship between the individual providing direction and the licensee in which both of the following conditions are met:

(A) The directing individual provides the licensee, commensurate with the welfare of the client and the education, training, and experience of the licensee with the following:

(i) Professional monitoring and oversight of the social work services provided by the licensee;

(ii) regular and periodic evaluation of treatment provided to clients by the licensee; and

(iii) verification that direction was provided to the licensee.

(B) The licensee receiving direction provides the following to the board, with each license renewal:

(i) The name, identifying information, and type of licensee of the directing individual;

(ii) a description of the work setting and the social work services provided under direction; and

(iii) documentation that direction was provided including dates, location, and length of time as verified by the directing individual.

- 2) If the staff member or contractor has a “C” (Clinical) credential, do they also have to be AAPS credentialed?

No, but they must have demonstrated experience in the field of substance abuse treatment.

- 3) Do substance abuse and substance abuse dependence diagnoses also have to be signed off on by a physician or licensed clinician?

Yes

- 4) Does a Licensed Clinical Psychotherapist qualify as a person who can sign off and conduct the supervision of treatment plans?

Yes, but they must demonstrate experience in the field of substance abuse treatment.

- 5) Within what time frame does the diagnosis signoff and supervision have to be documented by? Does it have to be done before the KCPC can be sent in with the diagnosis for approval or just prior to billing for services?

Just prior to billing for services.

- 6) Will the documentation have to be ongoing, such as on the KCPC, initial treatment plan, updated treatment plans and CSRs or TFLs?

The minimum amount of supervision time per week/month should be determined by each Provider with input from their Clinical level staff member(s).

- 7) What is the minimum amount of time per week/month the supervision will have to take place?

The minimum answer to this question is the same as the answer to question #6 above.

- 8) Will sign-off be tracked in the KCPC or in the chart?

The chart is a stand alone document and must contain the diagnosis and signature. There is currently no mechanism for tracking this information in the KCPC.

- 9) Does a Provider need Clinical signoff each time an internal transfer is made? No.

- 10) If a Provider has already received signoff, does a **new, subsequent** Provider need Clinical signoff on the diagnosis too?

Yes.

11) Will this also be required of RADAC assessments?

Yes.

12) What is the Medicaid regulation that directs this requirement?

42 CFR 440.130 (d) as well as the State Medicaid Plan attached to the previous set of Frequently Asked Questions and attached hereto.

13) Can Block Grant funds be excluded from the credentialing requirement?

No. It is not the State's position to differentiate networks by funding stream.

14) How will VO/SRS monitor this requirement?

The documentation for "C" (Clinical) level counselors is currently being discussed by a work group comprised of substance abuse treatment clinicians.

15) By programs having to be "supervised" by a Clinical staff person, does this mean that a Clinical staff person has responsibility for the entire operation, not just the counseling staff?

No.

16) If a medical doctor is approved to review and confirm the diagnosis, can a Nurse Practitioner do it as well?

An ARNP can review and confirm diagnoses pursuant to the State Medicaid Plan attached to the prior set of Frequently Asked Questions and attached hereto.

17) As with some mental health practices, can a Master's level person diagnosis and supervise rather than a "C" (Clinical) level person?

Only "under the direction" of a "C" (Clinical) level person as defined by the Behavioral Sciences Regulatory Board (BSRB) as follows:

- (cc)(1) "Under the direction" means the formal relationship between the individual providing direction and the licensee in which both of the following conditions are met:
- (A) The directing individual provides the licensee, commensurate with the welfare of the client and the education, training, and experience of the licensee with the following:
    - (i) Professional monitoring and oversight of the social work services provided by the licensee;
    - (ii) regular and periodic evaluation of treatment provided to clients by the licensee; and
    - (iii) verification that direction was provided to the licensee.
  - (B) The licensee receiving direction provides the following to the board, with each license renewal:

- (i) The name, identifying information, and type of licensee of the directing individual;
- (ii) a description of the work setting and the social work services provided under direction; and
- (iii) documentation that direction was provided including dates, location, and length of time as verified by the directing individual.

18) Is supervision limited to a “C” (Clinical) level person with substance abuse training or can it be any “C” level person?

The “C” level person must also have demonstrated experience in the field of substance abuse treatment.

19) If an LMSW can work under the supervision of a “C” (Clinical) level person, such as an LSCSW, can those with **only** an AAPS certification work under the LMSW **without** supervision by the “C” level person?

No.

20) To meet the requirement, would it be sufficient to have our Medical Director, an M.D., sign off on evaluations and treatment plans?

Yes.

21) When we all become Licensed Drug and Alcohol providers, will this cover the requirement?

When the counselor licensure bill goes into effect on July 1, 2011, there will be 2 levels of licensure:

- AAPS Counselors with no additional degree will have the LAC (Licensed Addiction Counselor) credential. They will **not** be able to diagnose.
- Those who are licensed to practice independently will have the LCAC (Licensed Clinical Addiction Counselor) credential. They **will** be able to diagnose.

22) Will the “C” level person’s license need to be submitted to VO as evidence that the Provider meets the Credentialing requirement?

Along with the organizational chart depicting the supervisory capacity of the “C” (Clinical) level person, the license will need to be submitted to ValueOptions national Credentialing by the one year anniversary of the most recent re-credentialing date.

23) Will the “C” level person have to sign off on the diagnostic impression?

Yes, the “C” (Clinical) level person will make the diagnosis.

24) Will there be a requirement of how the information is displayed, such as on a separate page?

No.

25) What type of oversight do staff members need who are AAPS certified and have an additional degree (BA) but are not yet licensed by the BSRB.

They must receive oversight by a “C” (Clinical) level person.